

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000148819

Entity Name: SOUTH FLORIDA COLORECTAL INSTITUTE PLLC

Current Principal Place of Business:

21097 NE 27 COURT
SUITE 490
AVENTURA, FL 33180

Current Mailing Address:

21097 NE 27 COURT
SUITE 490
AVENTURA, FL 33180 US

FEI Number: 83-0967544

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHOCHET, ELIE
21097 NE 27 COURT
SUITE 490
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SCHOCHET, ELIE
Address 21097 NE 27 COURT
 SUITE 490
City-State-Zip: AVENTURA FL 33180

Title PRACTICE ADMINISTRATOR
Name MELENDEZ, JENNY LYNN
Address 21097 NE 27 COURT
 SUITE 490
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIE SCHOCHET MD

AMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date